

**Department of Behavioral Health**  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> <b>Discharge of Adult Consumers from a Core Services Agency</b>		
<b>POLICY NUMBER</b> <b>DBH Policy 525.2</b>	<b>DATE</b> FEB 12 2014	<b>TL#</b> 228

**Purpose.** To update the procedures a core services agency (CSA) must follow to obtain Department of Behavioral Health (DBH) approval to discharge an adult consumer from a CSA's enrollment when the consumer is not participating in active treatment. Significant changes include:

- Eliminating the previous category of "Inactive Status",
- Adding a new category for administrative discharge, and
- Adjusting outreach requirements.

**Applicability.** Applies to all DBH-certified CSAs who serve adults. This policy is not applicable to consumers in a committed outpatient status.

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority offices.

**Implementation Plans.** Specific staff should be designated to carry out the implementation and training as required, and program managers are responsible for following through to ensure compliance.

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DBH and DBH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the DBH Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

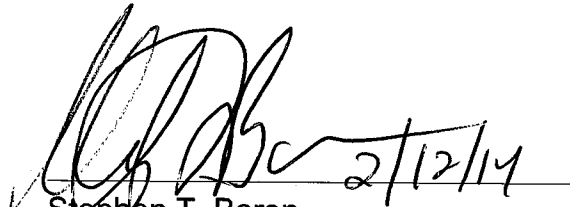
**ACTION**


**REMOVE AND DESTROY**

DMH Policy 525.2, Designation of "Inactive/Discharge Status" for Adult Consumers who are not in Active Treatment in a CSA

**INSERT**

DBH Policy 525.2, Discharge of Adult Consumers from a CSA

  
Stephen T. Baron  
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 525.2	Date FEB 12 2014	Page 1
	Supersedes: DMH Policy 525.2, Designation of "Inactive/Discharge Status" for Adult Consumers who are not in Active Treatment in a CSA, dated April 22, 2005		
<b>Subject: Discharge of Adult Consumers from a Core Services Agency</b>			

1. **Purpose.** It is the policy of the District of Columbia Department of Behavioral Health (DBH) to ensure that all consumers receiving mental health treatment who are assigned to a core services agency (CSA) are engaged in active treatment and that the CSA has taken steps to provide that treatment. A CSA may not discharge a consumer from its rolls for lack of participation unless and until it can demonstrate efforts to engage the consumer have failed, or a justification for administrative discharge has been requested and approved by DBH as described in Section 8 below.

This policy sets forth the procedures a CSA must follow to obtain DBH approval to discharge an adult consumer from a CSA's enrollment when the consumer is not participating in active treatment.

2. **Applicability.** These procedures are applicable to all DBH-certified CSAs who serve adults. This policy is not applicable to consumers in a committed outpatient status.

3. **Authority.** Department of Behavioral Health Establishment Act of 2013.

4. **Definitions.** For purposes of this policy:

4a. Active Adult Consumer - A consumer who is enrolled with a CSA who is receiving treatment and services in accordance with his/her agreed upon Individual Recovery Plan (IRP) as identified in the individual's IRP.

4b. Outreach Services - For adult consumers, a series of activities undertaken by the CSA to locate a consumer who has not appeared for services over a designated period of time as outlined in Section 6a below. The CSA performs these outreach services in the community in search of the consumer and makes contact(s) with a variety of programs, individuals, and agencies in order to locate and re-engage the consumer in active treatment. The CSA is required to document all outreach service activities as provided in Section 6b herein, and is required to send that documentation to the DBH Division of Care Coordination Access Helpline (AHL) for review and approval.

4c. CSA Discharge - Removal of a consumer from the CSA's enrollment, as approved by DBH.

4d. Exempt Status - A designation assigned to an adult inpatient consumer who holds a forensic status and has been determined by DBH and/or the courts to be inappropriate for community placement.

**5. Policy.**

5a. DBH may approve a CSA discharge action request when an adult consumer who is not assigned to an Assertive Community Treatment (ACT) team:

- Has relocated out of state for more than ninety (90) days;
- Is deceased;
- Has refused all mental health services from the CSA, and the consumer's refusal and the CSA's efforts to explain the benefits of services have been documented in the consumer's clinical record. If the consumer refuses to be evaluated by an approving qualified practitioner (AQP), documentation must indicate that at least three (3) attempts were made to engage the consumer, and there is no report of dangerous behavior;
- Is incarcerated more than six (6) months or sentenced for incarceration for more than six (6) months, including post-trial consumers at Saint Elizabeths Hospital;
- Does not have a mental health diagnosis as verified in writing by an AQP;
- Has not been located following numerous documented outreach efforts to locate the consumer as described in Section 6a below;
- After 90 days of placement in a nursing facility, depending on the stability of the consumer during transition, complexity of the case, and/or completion of transition plan goals, the CSA shall consult with the Preadmission Screening and Resident Review (PASRR) Coordinator and the Nursing Facility in this regard prior to discharge or disenrollment. The Director of Care Coordination, in consultation with the PASRR Coordinator, must approve the discharge/disenrollment after a finding that the consumer is stable and the transition plan goals have been met (also see Section 5d below); or
- When a justification for administrative discharge has been requested by a provider as described in Section 8 below.

5b. DBH may approve a discharge for an adult consumer assigned to Assertive Community Treatment (ACT) when the consumer:

- Is deceased;
- Has permanently relocated out of the District of Columbia;
- Cannot be located for one-hundred eighty (180) days, and the CSA has documented its efforts to locate the consumer;
- Is incarcerated more than six (6) months in a Bureau of Prisons (BOP) facility; or
- Is no longer in need of services as verified in writing by an AQP.

The CSA may submit documentation from the ACT team affiliated with the CSA that provided the services. If the CSA or ACT team serves as the representative payee for the consumer to be discharged, the CSA must include as part of the documentation its plan to terminate this relationship. The plan must include steps the CSA will take to return all fund balances, if any, to the consumer or where indicated to assist the consumer in obtaining another representative payee. If funds are from the Social Security Administration, those guidelines shall be followed.

5c. The CSA's request to discharge a consumer must be approved in writing by an AQP before being submitted to AHL for DBH approval.

5d. CSAs should be prepared to accept and provide services to the consumer when the consumer is preparing to leave a nursing facility and return to the community. DBH provides local funding for treatment planning services provided to DBH consumers in institutional settings. See D.C. Municipal Regulation Title 22-A, Chapter 53.

6. **Procedures.** The following actions must be taken in order for a CSA to obtain DBH approval to discharge a consumer, unless an administrative discharge is being requested (refer to Section 8 below):

6a. **Outreach Activities.** The CSA shall undertake outreach activities for consumers who reside in the community as set forth below. Outreach begins from the date of the 1<sup>st</sup> missed appointment.

(1) For new consumers who have never been seen by the CSA.

- Telephone call within forty-eight (48) hours after the first missed appointment.
- Letter or 2<sup>nd</sup> call within five (5) work days if unable to locate with a telephone call or rescheduled appointment is missed.
- Letter if no contact is made within two (2) weeks (wait at least two (2) weeks from date letter is sent before seeking approval to discharge).

(2) For consumers receiving treatment who are not enrolled in ACT.

- Telephone call or home visit within seventy-two (72) hours after the first missed appointment.
- Visits to home or any known day treatment program every two (2) weeks for thirty (30) days.
- 31-60 days – Letter if no contact made and no information received that consumer has moved.
- 61-89 days – 2<sup>nd</sup> Letter if no response and 1<sup>st</sup> letter was not returned.
- 90 days – Seek approval to discharge if no contact is made.

(3) For consumers who are Homeless.

- Attempt to locate a consumer within seventy-two (72) hours after the first missed appointment (e.g., visit shelters or frequented locations, and/or contact or call relatives/acquaintances).
- Thereafter, make monthly attempts to locate the consumer for ninety (90) days by contacting the consumer's family, known acquaintances, CPEP, and other local agencies such as shelters, jails, hospitals, and the city morgue.

6b. **Documentation/Notification.**

(1) For Adult Consumers who Reside in the Community, the CSA shall document the following in the clinical record, and provide a copy of the documentation to the AHL when seeking approval to discharge:

- Date of last appointment, if applicable.
- Date, time, and summary results of all outreach efforts, to include persons contacted.
- If the consumer is located and refuses treatment, the reasons given and the CSA's response to engage the consumer.
- All required MHRS documentation including a summary progress note and discharge summary.

(2) For Inpatients at Saint Elizabeths Hospital.

- DBH shall determine which forensic consumers meet exempt status.

- The CSA shall include all required MHRS documentation in the consumer's CSA clinical record, including a summary progress note and discharge summary and any required internal CSA documentation; and provide a copy of the documentation to the AHL.

6c. The AHL shall review the CSA documentation and compare to eCura, and may request the CSA to submit additional information to support its discharge request (e.g., outreach efforts need more detail or may need clarification regarding services reflected in eCura).

6d. The AHL shall notify the CSA in writing of approval/denial within ten (10) business days after receipt of required documentation.

**7. Designation of Discharge (Dis-enrollment) in eCura:**

7a. If AHL approves the discharge request, AHL will complete the dis-enrollment event screen in eCura.

7b. The AHL will remove the consumer's name from the CSA's assignment in eCura, and set the end date of the MHRS insurance span to the date of dis-enrollment.

**8. Administrative Discharge.** Providers may request that the AHL administratively dis-enroll the following categories of consumers. All requests for administrative disenrollment must be reviewed and approved by the AHL.

8a. Consumers who have been identified by DBH as not receiving a service for more than one (1) year or more.

8b. Consumers designated by the Division of Provider Relations in collaboration with Office of Programs and Policy during a provider closure or roll clean-up.

8c. Consumers enrolled with a CSA who have not been seen by the CSA/ACT Provider or hospitalized within six (6) months based on billing and claims data. Provider must attest that they have made a minimum of four (4) attempts to engage the consumer and there has been no report of dangerous behavior. All attempts must be documented in the consumer's record.

**9. Failure to Follow this Policy.** If DBH determines that a CSA has discharged a consumer without DBH approval or has not followed the procedures outlined in this policy, DBH shall require the CSA to engage in the outreach activities set forth herein, and shall consult with the Office of Accountability as needed, and impose any and all other remedial action(s) it deems necessary.

**10. Inquiries.** Any questions regarding this policy may be addressed to the Director, Division of Provider Relations at (202) 671-3155 or the Director, Division of Care Coordination at (202) 671-3105.

Approved By:

Stephery T. Baron  
Director, DBH

  
(Signature) 2/12/14 (Date)